

**Authorization to Release Information**

Student's Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

I request and authorize **Queen's University, Undergraduate Medical Education** to release information to the **Director of Medical Affairs at Kingston General Hospital**.

This request and authorization applies to:

Criminal Record Information

Immunization Documentation

Hospital Confidentiality Agreement(s)

Curriculum Vitae

Other (Please Specify): \_\_\_\_\_

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Legal Guardian Signature

(If the student is under 18 years of age)

\_\_\_\_\_

Date